



Nurse-Driven Protocol: Indwelling Urinary Catheter Removal

A meta-analysis published in *Clinical Infections Diseases* in the September 2010 issue has shown that the use of a reminder or stop order for indwelling urinary catheters can reduce catheter-associated urinary tract infections (CAUTI) by up to 52%, as well as the mean duration of catheterization by up to 37%. Stop orders directed specifically at nursing staff made provisions for them to remove the catheter based on a list of indications without requiring a physician-signed order.

Each protocol reviewed in the meta-analysis consists of similar mechanisms all geared towards reducing the duration of urinary catheterization and thus reducing the risk for CAUTI to occur. A nurse-driven protocol for indwelling urinary catheter removal **must be reviewed and approved by a medical executive committee** and should contain the following essential components:

1. Daily assessment of the need for indwelling urinary catheter use based on the following indicators for appropriate use from the Healthcare Infection Control Practices Advisory Committee:
 - a. Patient has acute urinary retention or bladder outlet obstruction
 - b. Need for accurate measurements of urinary output in critically ill patients
 - c. Peri-operative use for selected surgical procedures:
 - i. Patients undergoing urologic surgery or other surgery on contiguous structures of the genito-urinary tract
 - ii. Anticipated prolonged duration of surgery (catheters inserted for this reason should be removed in the post-anesthesia care unit)
 - iii. Patients anticipated to receive large-volume infusions or diuretics during surgery
 - iv. Need for intra-operative monitoring of urinary output
 - d. To assist in healing of open sacral or perineal wounds in incontinent patients
 - e. Patient requires prolonged immobilization (e.g., potentially unstable thoracic or lumbar spine, multiple traumatic injuries such as pelvic fractures)
 - f. To improve comfort for end of life care, if needed
2. Permission for nurse to discontinue the catheter when appropriate indications are no longer present.
3. A method for daily documentation of reason(s) for catheterization.
4. A mechanism to inform physician that the catheter usage no longer meets indications and is no longer needed.
5. A protocol to address urinary retention after the catheter has been removed.